## **CALFRESH (CF) PROGRAM** REQUEST FOR POLICY/REGULATION INTERPRETATION

**INSTRUCTIONS:** Complete items 1 - 10 on the form. Use a separate form for each policy interpretation request. If additional space is needed, please use the second page. Be sure to identify the additional discussion with the appropriate number and heading. Retain a copy of the CF 24 for your records.

Questions from counties, including county Quality Control, must be submitted by the county CalFresh Coordinator and may be submitted directly to the CalFresh Policy analyst assigned responsibility for the county, with a copy directed to the appropriate CalFresh Policy unit manager.

•	Questions from Administrative Law Judges may be submitted direct where the hearing took place, with a copy of the form directed to the	tly to	the CalFresh Policy anal	lyst ass	signed responsibility to the county
1.	RESPONSE NEEDED DUE TO:	5.	DATE OF REQUEST:		NEED RESPONSE BY:
	☐ Policy/Regulation Interpretation		10/2/12		10/12/12
	□ QC	6.	COUNTY/ORGANIZATION:		10/12/12
	☐ Fair Hearing		Butte		
	Other:	7.	SUBJECT:		
			Telephone Recertifica	tion ar	nd the Statement of Facts
2.	REQUESTOR NAME:	8.	REFERENCES: (Include ACL/ NOTE: All requests must have	ACIN, co ve a regu	ourt cases, etc. in references) llation cite(s) and/or a reference(s).
3.	PHONE NO.:		ACIN I-14-11		
4.	REGULATION CITE(S): MPP Section 63-300.2, 63-300.321				
9.	QUESTION: (INCLUDE SCENARIO IF NEEDED FOR CLARITY):				
	When completing a phone recertification interview in the C-IV sent to the customer for a signature?  Statement of Facts is either the SAWS 2 or the DFA 285-A2.	/ sy:	stem, does the "Statem	ent of	Facts" need to be printed and
10.	REQUESTOR'S PROPOSED ANSWER:	-			
	Signature on the SOF is not necessary if we have a signed a	ppli	cation.		
11.	STATE POLICY RESPONSE (CFPB USE ONLY):				
	Yes, all parts of the CalFresh application must be signed by the complete application regardless of a county's automated trace applications. The entire application includes the Application F (SAWS2/DFA 285-A2), and the Rights and Responsibilities (Sagnatures and dates on all three sections of the application of Section 63-300.2, 63-300.321, and All County Information No	king Forn SAW ons	system. This provisior is (SAWS 1/DFA 285-A 'S2A (QR)/DFA 285-A3 stent with Manual of Po	n also : \1), St	applies to online atement of Facts forms

DATE DECEMEN	FOR CDSS USE	
DATE RECEIVED:	DATE RESPONDED TO COUNTY/ALJ:	
	11-2012 (RN)	